



<p style="text-align: center;"><i>Division of Personnel</i></p> <p style="text-align: center;">Position Description Form (PD)</p>

FOR DIVISION OF PERSONNEL CLASSIFICATION USE ONLY	
Name	Date

EMPLOYEE INSTRUCTIONS

1. **Please complete the Position Description Form (PD) in your own words.**
2. After completing the PD, be sure to sign and date, then make a copy of the completed form for your records.
3. Forward your completed PD to your immediate supervisor.
4. **Complete this form in its entirety and do not leave sections blank. If a section is not applicable to your position, please indicate "not applicable."**
5. If additional space is needed please attach a signed sheet(s).

EMPLOYEE SECTION

PART 1 – GENERAL INFORMATION

1. Employee Name (Last, First, MI)	2. Last 4 digits of SSN
3. Current/Official Classification Title	4. Working Title
5. Department	6. Agency
7. Bureau/Section	8. Unit
9. Immediate Supervisor Name	10. Immediate Supervisor Classification
11. Next Level Supervisor Name	12. Next Level Supervisor Classification
13. Position Number (If unknown, please obtain from Supervisor)	14. Work Address

PART 2 – PURPOSE OF YOUR POSITION

Write a brief statement describing the purpose of your job.

PART 3 - IMPORTANT AND ESSENTIAL DUTIES

- Describe your job duties in your own words.
- Do not copy language from the class specifications.
- Describe the duties you perform, starting with the most important.
- Tell us what you are actually doing in your job. Please be objective and accurate. Try not to understate or inflate the job.
- Use frequency codes below to indicate how often you perform each duty.
(D) Daily, (W) Weekly, (B) Bi-weekly, (M) Monthly, (Q) Quarterly, (S) Semi-annually, (Y) Yearly
- Approximate Percentage of Time: Give your best estimate that each duty represents, up to 100%.

Writing Duty Statements:

Duty statements should focus on primary, current, and usual duties and responsibilities of the position. Related or similar duties should be combined and written as one statement. Duty statements typically contain three parts: the *Verb*, the *Object*, and a *Purpose*.

Example:

Verb	Object	Purpose
Collects	financial data	to evaluate budget requests.
Example statement: I collect financial data to evaluate budget requests.		
Drives	truck	to deliver fuel to various job sites.
Example statement: I drive a truck carrying motor fuel to various job sites.		

Duty	Important and Essential Duties	Frequency Code	Approx. % of time
1			
2			
3			
4			
5			

Duty	Important and Essential Duties	Frequency Code	Approx. % of time
6			
7			
8			
9			
10			

PART 4 – GENERAL INFORMATION

PRINCIPAL CHALLENGES

1. Identify the most difficult problem(s) you are required to solve in order to accomplish your job.
2. Describe the most complex duty(ies) you are required to perform in order to accomplish your job.

AUTHORITY AND RESPONSIBILITY

1. What typical decisions does this position have total authority to make?
2. What typical decisions does this position recommend to others for action?
3. Who reviews or checks your work?
4. When is your work reviewed?

KEY CONTACTS

Often employees must go to sources to accomplish such tasks as gathering information, obtaining advice, or ensuring coordination. These sources are considered key contacts and can occur inside or outside the organization. Contacts may be individuals (by title), or groups (task force, committees, etc.).

Example:

Key Contact	Purpose	Frequency
Agency CFO	Analyze department expenditures	M
Federal Government, Grants Management	Obtain updates on grant requirements and report budget progress	Y

- **Please list your most significant work-related contacts that this position makes within or outside of the agency. Please list the purpose and frequency of such contact. Do not list the supervisor or subordinates for this position as key contacts.**
- **Use the following frequency codes to indicate how often the contact occurs: (D) Daily, (W) Weekly, (B) Bi-Weekly, (M) Monthly, (Q) Quarterly, (S) Semi-Annually, (Y) Yearly**

Key Contact	Purpose	Frequency

FINANCIAL RESPONSIBILITIES

Mark the box for each function that applies to your position (check all that apply).

A		Not Applicable – no financial responsibilities
B		Budgets – responsible for setting and controlling a budget
C		Budgets – has input into setting a budget
D		Budgets – responsible for staying within an assigned budget
E		Grants – research/application
F		Grants – management
G		Purchase Order Authorization
H		P-Card Coordinator
I		P-Card User
J		Other (Describe): _____

Mark each dollar amount below with the letter of the corresponding responsibility you indicated above (A, B, C, etc.). You must mark a dollar amount for any financial responsibility you indicated above (other than “Not Applicable”).

For example, if you are responsible for staying within an assigned budget of \$600,000 annually, you would place a “D” in the blank next to “\$500,001 to \$1,000,000 annually”. You may place more than one letter in one blank if needed to accurately reflect your financial responsibilities.

	up to \$1,000 annually		\$1,000,001 to \$5,000,000 annually
	\$1,001 to \$5,000 annually		\$5,000,001 to \$10,000,000 annually
	\$5,001 to \$25,000 annually		\$10,000,001 to \$50,000,000 annually
	\$25,001 to \$100,000 annually		\$50,000,001 to 100,000,000 annually
	\$100,001 to \$500,000 annually		over \$100,000,001 annually
	\$500,001 to \$1,000,000 annually		

PART 5 - JOB-RELATED QUALIFICATIONS

KNOWLEDGE, SKILLS AND ABILITIES

List the Knowledge, Skills, and Abilities that are needed to perform the job duties listed in Part 3 of this PD Form.

Knowledge - Refers to information, facts, and procedures.

Skills - Often involve manual operations or tasks that require repeated practice, precision, or speed (examples: typing, machine operations, and public speaking).

Ability – Capacity to perform an action or task (examples include interpretation, analysis, and communication).

ESSENTIAL KNOWLEDGE, SKILL AND ABILITY STATEMENTS

1

2

3

4

5

6

7

8

9

10

PART 6 – WORKING CONDITIONS

Indicate how often this position is exposed to or working under the conditions listed below.

Mark the appropriate column below with an “X” (Choose one for each row).

Working Condition	Not Applicable	Infrequent (less than 2 hours daily)	Frequent (2-6 hours daily)	Continuous (6-8 hours daily)
Sitting				
Standing				
Walking				
Reaching				
Lifting (specific max weight in pounds) _____				
Bending				
Climbing				
Dust				
Odors, Fumes (describe)				
Extreme temperatures (describe)				
Extreme noise (describe)				
Exposure to mechanical, electrical, chemical, biological, or physical factors				
Outdoor weather conditions				
Unusual mental stress (describe)				
Required travel				
Other (describe)				

PART 7 – EDUCATION & EXPERIENCE

EDUCATION

What **MINIMUM** level of education do you think is necessary for a worker to perform the duties of your job? *The minimum may be different than the educational level you obtained.*

Mark your response to the question below with an “X” in the column on the right (**choose only one**). Please list a degree area.

Education	Required
Read and Write/No specific requirements	
High School Diploma or equivalent (G.E.D.)	
Supplemental training (vocational or completion of some college courses)	
Formal specialized training (Associate Degree, Apprenticeship, Technician)	
Degree Area	
Bachelor Degree	List Degree Area:
Master Degree	List Degree Area:
Doctorate Degree	List Degree Area:
Other Professional Degrees (describe)	

EXPERIENCE

How much experience do you think should be **REQUIRED** of new employees to perform this job?

Mark your response to the question below with an “X” in the column on the right (**choose only one**).

Experience	Required
Less than 1 year	
1 year	
2-3 years	
4-5 years	
6-7 years	
More than 8 years	

LICENSE / CERTIFICATION / REGISTRATION

List any licenses, registrations, or certifications you think should be required or preferred for this position.

License/Certification/Registration	Required	Preferred

PART 8 – SUPERVISORY DUTIES

Do you supervise or act as lead worker of any employees?

Mark the appropriate box below with an “X”.

YES (even if occasionally): CONTINUE with Part 9		NO: SKIP Part 9 - proceed to Part 10	
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PART 9 – SUPERVISORY DUTY QUESTIONS

Mark the definition that best describes the type of supervision you exercise. Choose only one and mark the appropriate box below with an “X”.

	<u>Direct Supervision</u> - You are responsible for the administration of line personnel functions including employee selection, discipline, and conducting formal performance evaluations.
	<u>Lead Worker</u> - You are responsible for assigning, scheduling, coordinating, organizing, and directing work of others.

Select the frequency that best fits the majority of your time. Choose only one and mark the appropriate box below with an “X.”

Daily		As Needed	
Weekly		Project Basis Only	
Monthly		In Supervisor's Absence	

Indicate the number of employees you supervise/lead work in each category below. You must enter a number for at least one category of employees.

Full-Time Employees		Seasonal/Temporary Employees	
Part-Time Employees		Volunteers	

List the name and job classification titles of the employees you supervise.

Name	Job Classification Title

What is the nature of your supervisory/lead worker duties? Choose one for each function and mark the appropriate box below with an “X”.

FUNCTION	RESPONSIBILITY			
	Conduct	Provide Input		
Employee Performance Appraisals				
	Not Applicable	Provide Input	Recommend	Approve
Hire Employees				
Promote Employees				
Discipline Employees				
Train Employees				
Authorize Leave				
Establish and/or revise unit procedures				
Establish and/or revise unit policy				
Assign work to others				
Distribute work to others				
Review work of others				
Terminate Employees				

PART 10- ADDITIONAL COMMENTS

Please provide any additional comments that may help clarify the duties and responsibilities of your position. Include any specific issues associated with your job duties that you do not think were adequately captured on this form. Please specifically detail how the duties assigned to your position have changed.

EMPLOYEE SIGNATURE

By signing this document I certify that the above answers are accurate and complete. I further certify that I am the individual who personally answered the employee portion of this PD.

Employee Signature

Date

Print Your Name

Phone Number

When you are finished, please make a copy of this PD for your records and then forward the PD to your immediate supervisor.

SUPERVISOR REVIEW SECTION

IMMEDIATE SUPERVISOR INSTRUCTIONS

1. After receiving the employee's completed PD, carefully review the document for accuracy and completeness. Do **not** change any information the employee has provided.
2. Provide any additional information or clarification in the Supervisor Review Section of the PD
3. Do NOT leave any questions in this section blank.
4. If additional space is needed, please attach a signed sheet(s).
5. Sign and date the PD upon completion, and make a copy for your records.
6. Please forward to the next level of reviewer.

In your words, what is the primary function or purpose of this position in relation to the mission, goals and objectives of the agency?

What do you consider this position's most important responsibility or performance result?

Indicate any exceptions or additions to the statements made by the employee.

Describe what duties and responsibilities have been added or deleted from the position since the last review (prior PD, job posting, etc.)

SUPERVISOR SIGNATURE

By signing this document I certify that the above answers in the Supervisor Review Section are accurate and complete. I further certify that I am the individual who personally answered the supervisor portion of this PD.

Print Your Name _____

Supervisor's Signature

Date

Email Address

Phone Number

When you have completed your review, please make a copy of the completed PD for your records and then forward this PD to the Appointing Authority, Human Resources, or next level of reviewer for your agency.

APPOINTING AUTHORITY INSTRUCTIONS

1. After receiving a completed PD, carefully review the document for accuracy and completeness. You may **not** change any information the employee or supervisor provided.
2. Provide any additional information or clarification in the Appointing Authority Section. Do not leave blank.
3. Sign and date the PD upon completion, and make a copy for your records.

APPOINTING AUTHORITY SECTION

Indicate any exceptions or additions to any statements on this document (attached signed sheets if needed).

APPOINTING AUTHORITY SIGNATURE

By signing this document I certify that the above answer in the Appointing Authority Section is accurate and complete. I further certify that I am the individual who personally answered the Appointing Authority portion of this PD.

Print Your Name _____

Appointing Authority Signature

Date

Email Address

Phone Number

Please make a copy of the completed PD for your records. Mail this original PD or send via email to:

**Division of Personnel
Classification and Compensation Section
State Capitol Complex, Building 6 Room 404
1900 Kanawha Boulevard East
Charleston, WV 25305**

Or by email to: DOP.Classcomp@wv.gov